

13 APR 2004

**TLA ARRIVAL CLAIM**

**MEMBER INFORMATION**

Name:	SSN:
Paygrade:	Date Reported:
Command:	UIC:
Phone Number:	Accompanied/Unaccompanied (circle)
Marital Status (Circle): Single Married Military-Military Couple Divorced w/Dependents	
Dependent Names/Ages of Children	
_____	_____
_____	_____
_____	_____

**TLF INFORMATION**

Name:	Kitchen Facilities: Yes/No
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**MEMBER CERTIFICATION**

I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE: \_\_\_\_\_  
Signature/Rank/Date

**HOUSING OFFICE**

TLA is/is not approved from _____ through _____
Total Number of days in TLA at end of this TLA period: _____
Expected Date of Occupancy: _____ Contract Appt. Date: _____
Remarks: _____
_____
_____
Housing Representative Signature _____ Date _____ Phone Ext. _____

**COMMAND ENDORSEMENT**

Member has aggressively sought housing and has been counseled on the importance of locating accommodations expeditiously. Housing tours were conducted this period on the following dates: \_\_\_\_\_

Command TLA Coordinator Signature	Name/Rank	Date	Phone Ext.
30 Day Endorsement:			
Department Head Signature	Name/Rank	Date	Phone Ext.
45 Day Endorsement:			
Commanding Officer Signature	Name/Rank	Date	Phone Ext.